



# PATIENT HANDBOOK VERSION 1.0

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# WELCOME!

As medical cannabis patients, we have all had to endure the fear and stigma imposed upon us by nearly seventy years of cannabis prohibition. Despite the recent legalization of medical cannabis in Maryland and various states, the fear and stigma persist. This dispensary is dedicated to healing the pain that stems from these destructive attitudes and feelings by providing a sensible alternative to the hysteria surrounding cannabis and by honoring you, our patient as a progressive and courageous force of change. We believe that one way to accomplish this is by being conscious and respectful in all interactions with our neighbors.

Maryland law prohibits the consumption of cannabis in any form on the property or premises of a medical cannabis dispensary. Making sure we are discreet with our medicine is very important in building support for the dispensary within the neighborhood.

Being aware of our trash, cigarette butts and noise level helps our neighbors understand that we care about our neighborhood. Being safe with our vehicles, using only designated parking areas, and observing crosswalk guidelines lets our neighbors know that we are safety-conscious and considerate of their wellbeing. When more of our fellow citizens come to understand that we care about them, and that we are responsible people, the stigma surrounding our movement will melt away.

This dispensary believes each patient acts as an ambassador for the entire medical cannabis community. We want you, our fellow patients, to feel cared for, to be recognized as important members of society, and to leave our facility inspired to be positive ambassadors for medical cannabis. Society is watching all of us to determine if medical cannabis is safe and sensible. If we dedicate ourselves to being such positive ambassadors for medical cannabis, our communities will begin to embrace us instead of being suspicious of us. The perception of medical cannabis will then be transformed and the stigma associated with it will be eliminated.

This dispensary sees this as the key for achieving safe and legal access to medical cannabis for all suffering and sick Americans. We invite you to join us in building a kinder and more compassionate world and we thank you for your efforts.

# DISPENSARY MISSION STATEMENT

Southern Maryland is our home & our patients are our neighbors. Providing you with another safe & natural option is our mission.

## DISPENSARY HIGHLIGHTS

This dispensary features the following amenities:

- Abundant and secure, free on-site parking
- Attractive, clean, and well-maintained restrooms
- Elegant, bright, cheerful environment

State-of-the-art security, including:

- 24-hour indoor/outdoor full coverage audio/video surveillance and recording
- Interior and exterior safety personnel
- Laser alarms
- Motion detectors
- Exterior lighting

Total access for ability-challenged patients, including:

- Disabled service counter
- Disabled restroom facilities

Staff members who are:

- Compassionate
- Courteous
- Well-trained
- Patient and careful with all orders
- Diverse
- Bi-lingual

# SERVICES

## HIGH QUALITY, TESTED MEDICINE

We offer one-of-a-kind selection of medical cannabis. For detailed information, turn to the Laboratory Analysis of Medicine section of this Handbook..

## PATIENT EDUCATION CENTER

We are committed to providing educational resources to our patients and have established within the dispensary the Patient Education Center (PEC). Once checked in, patients are invited to visit the PEC where they can access a variety of digital and/or printed educational materials, all of which serve to deepen their understanding of medical cannabis and more effectively self-medicate.

The resources found in the PEC are detailed below. To access any of these resources, please speak to a Member Services representative at the reception desk.

### ***Reference Library***

Our Reference Library holds several books about medical cannabis that you can read while on the premises. In addition, patients are welcome to take home any of the free pamphlets, leaflets or industry magazines on the Literature Display Rack.

### ***Lending Library***

Our Lending Library holds titles that can be checked out at the Reception Desk and taken off the premises. Check with a Member Services associate for details.

### ***Education Stations***

Within the PEC are “Education Stations” where patients are able to access tablet devices (e.g., iPads) loaded with digital content relating to medical cannabis and the treatment of conditions and symptoms. The digital interface ensures that patients are able to quickly access the most critical information, with the ability to delve deeper as desired. When applicable, headphones are provided for audio content. Sterile wipes are utilized between uses.

### ***Patient Activism***

We endorse active participation in the political and social promotion of the medical cannabis movement and provide patients a list of “advocacy actions” they may take to impact change. These actions target what we feel are the most relevant and important issues to date. The Advocacy Action List is updated frequently based on local, state, and national advocacy needs.

At the discretion of the dispensary, we may incentivize participation by providing patients who choose to participate in activities identified on the Advocacy Action List with rewards, which are tracked in each patient’s record and monitored in accordance with patient purchasing limits. Check with a Member Services associate at the Reception Desk for details.

## **LABORATORY ANALYSIS OF MEDICINE**

This dispensary is committed to ensuring that only the highest-quality medicine is made available to patients. To meet this commitment, we ensure that all of our cannabis products have undergone sufficient quality control measures including laboratory testing for potency evaluation and safety screening. Specific laboratory testing includes the following:

### **POTENCY AND CANNABINOID PROFILE**

True profiling emphasizes potency and cannabinoid identification. The cannabis plant contains fifteen different identified cannabinoids. Cannabinoids are one class of chemical compounds that produce physiological and behavioral effects. The principal active cannabinoids include:

- *Tetrahydrocannabinol acid (THCA)* - The most prevalent cannabinoid produced in cannabis plants. It has numerous medicinal qualities, including anti-inflammatory, anti-spasmodic and anti-cancer properties. However, most heating methods commonly used for ingesting cannabis destroy the THCA (and most other acid forms of the cannabinoids).
- *Tetrahydrocannabinol (THC)* - The primary psychoactive component that eases pain and is neuroprotective. It forms when THCA is heated through combustion or vaporization, or by heating raw flowers for infusion into alternative dosage products.
- *Cannabidiol (CBD)* - Effective in relieving anxiety, inflammation, and nausea, but is not particularly psychoactive. Studies have shown that higher CBD-to-THC ratios result in less intense undesirable psychoactive effects. Currently, there are more than 25 CBD-rich strains that have been identified.

- Cannibinol (CBN) - The primary byproduct of THC. High levels indicate that cannabis is old and has not been properly stored.

## **MYCOTOXINS TESTING**

Cannabis samples frequently contain mold and fungus, although rarely in concentrations high enough to render the medicine unsafe. However, molds can cause disease and mold allergies are a serious concern to any patient, especially to HIV/AIDS and cancer patients, and other patients with compromised immune systems. Understanding which levels are considered harmful is critical.

Tests for mold and fungi are recommended in the analysis of flowers and any concentrates to detect the presence of mold, fungus and their byproducts. Using industry standards and established guidelines, we ensure that medical cannabis does not contain mycotoxins at levels that are considered unsafe for consumption. Testing at this level will prevent the exposure of seriously ill patients to dangerous levels of molds, fungi and byproducts.

## **PESTICIDE TESTING**

Tests must be performed to measure the presence of hundreds of pesticides. Exposure to pesticides can cause patients with serious medical conditions significant harm and can counteract existing pharmaceutical medicine treatments. Testing for pesticides is the best way to regulate the use of toxic chemicals and provide patients with a safe, clean product. To fully test pesticides with any level of detection, laboratories have switched to high-performance liquid chromatography/mass spectroscopy or HPLC/MS.

In addition to testing, all medicine is labeled with a list of all chemical additives, including but not limited to non-organic and organic pesticides, herbicides and fertilizers that were used in the cultivation and production of the medical cannabis and no medicine will be sold if it is determined that the chemical additives would make the medicine unsafe for consumption.

## **ADDITIONAL TESTING**

Pursuant to Maryland state law, in addition to the testing for cannabinoids, mycotoxins, and pesticides mentioned above, this dispensary is committed to only providing products that have been verified as safe by a state-permitted independent testing laboratory which has tested all flowers, concentrates and edibles for residual solvents levels. This dispensary has set a high bar for product testing to ensure top quality and safe medicine for patients.

## **PUBLISHING TEST RESULTS**

Patients are able to access the testing results of the medicine in three ways:

- Product displays
- Product labels
- Complete test results

Percentages for THC and CBD are included in product displays as well as on individual product labels. Complete spectrometry reports for each product are available at the Service Counter for those patients who desire more detailed analytical results. Additionally, upon the request of a patient, this dispensary will disclose the name of the independent testing laboratory that performed the required quality assurance tests for a given product.

## **GOOD NEIGHBOR POLICY**

As a patient of the dispensary and this community, we ask that you be especially mindful of our neighbors. We have worked hard to establish a positive relationship with our neighbors, the city, and the police department. Please be respectful of our neighbors' rights, privacy, and property.

We expect our patients to help us keep our commitments to our neighbors by not creating a nuisance or lingering in the parking lot or sidewalk areas. Always be careful and courteous when entering or exiting the parking lot. These simple precautions will keep neighbor relationships in good standing and help prevent any legal interference with our operations. With your support, we plan to be here to serve you for years to come.

# DISPENSARY CODE OF CONDUCT

Dispensary patients must abide by the following rules and regulations and will be required to attest to this during the membership process. We reserve the right to terminate membership for any violations of our Code of Conduct with no warnings or second chances.

1. You must be at least eighteen (21) years old and have a state-issued Registry Identification Card to access dispensary services. Parents or legal guardians must have a valid designated caregiver Registry ID Card to obtain service on behalf of legally qualified patients who are younger than eighteen (21) years old.
2. Only legally qualified patients and caregivers may access dispensary services.
3. Before being permitted to access dispensary services, all patients must provide their current state-issued photo ID and their current Registry ID Card issued by the Maryland Medical Cannabis Commission. The patient's Registry ID Card and current state-issued photo ID will be scanned and stored electronically in our secure patient database.
4. All potential patients must participate in a brief orientation conducted by a Member Services associate and sign the dispensary's Member Agreement.
5. Patients must bring their current Registry ID Card every time they visit the dispensary.
6. Patients may purchase medicine only for their use, or in the event that they are a caregiver, only for their patient's use. Purchases of quantities that exceed those of personal use are prohibited.
7. No consumption of medical cannabis is allowed on dispensary premises and the smoking of cannabis is not allowed in any public place in the State of Maryland.
8. The dispensary has the right to refuse service to those who appear to be overmedicated, or intoxicated.
9. No loud music, unattended barking dogs, or other noise disturbances to the neighborhood are permitted on dispensary grounds or nearby premises.
10. Re-sale of medicine is prohibited. By state law, all re-sales of medicine will result in immediate suspension of services. Violators will be reported to the Maryland Medical Cannabis Commission and local law enforcement.
11. Loitering and/or littering in our neighborhood are prohibited.

12. Posting dispensary material, including stickers and labels, in public places is prohibited.
13. No weapons are allowed at the dispensary. Bringing a weapon onto dispensary property will result in the immediate revocation of a patient's membership.
14. No children may be left unattended in the dispensary or the dispensary parking lot.
15. No audio, video, or photographic recording is permitted in order to protect the privacy and confidentiality of all dispensary patients.
16. No cell phone usage is permitted anywhere at the dispensary.
17. All patients and staff are to treat each other with respect and courtesy at all times. Threatening, abusive, or disrespectful behavior is strictly prohibited.
18. No littering in the parking lot. All trash must be properly deposited in the trashcans provided.
19. All problems and complaints must be directed to Member Services personnel.

## **MEMBERSHIP & STATE COMPLIANCE**

### **IMPORTANCE OF OBTAINING A MEDICAL CANNABIS REGISTRY ID CARD**

Obtaining and maintaining a valid Maryland state-issued Medical Cannabis Registry ID Card is for your protection. The Maryland medical cannabis law states that anyone who follows the requirements as set forth by the Maryland Medical Cannabis Commission is exempt from state prosecution for the medical use of cannabis.

### **BECOMING A MEDICAL CANNABIS PATIENT**

The Maryland Medical Cannabis Commission maintains the Medical Cannabis Program; therefore, all applications are completed through their office. For up-to-date instructions and online forms, visit:

**<https://medicalcannabispatients.Maryland.gov/> BECOMING A PATIENT OF THIS DISPENSARY**

Simply bring your current Maryland-issued Registry ID Card and current state-issued photo ID. There are no additional fees for registering with the dispensary.

## STILL PROHIBITED UNDER MARYLAND LAW

The Maryland medical cannabis law does not:

- Authorize smoking cannabis in any public.
- Authorize driving, operating or being in physical control of a vehicle while under the influence of cannabis.
- Authorize possessing cannabis knowingly in close physical proximity to anyone under 18
- Require a government medical assistance program or private health insurer to reimburse for costs associated with the medical use of cannabis.
- Prohibit an employer from adopting reasonable regulations concerning the consumption, storage, or timekeeping requirements for qualifying patients related to the use of medical cannabis
- Prohibit an employer from enforcing a policy concerning drug testing, zero-tolerance, or a drug free workplace, provided the policy is applied in a nondiscriminatory manner

## KNOW YOUR RIGHTS

This dispensary operates under the provisions of the Maryland medical cannabis rules, the Maryland medical cannabis statutes, and any and all applicable local ordinances. Visit <http://mmcc.maryland.gov>

Until federal law catches up with Maryland's progressive stance, possession of medical cannabis remains illegal under federal law. The good people at Americans for Safe Access (ASA) have prepared the following guidelines for patients who use medicinal cannabis, should you have occasion to interact with law enforcement officers.

*Americans for Safe Access recommends the following:*

### MEDICAL CANNABIS PATIENTS, BE SMART!

Many arrests for cannabis possession are due to traffic violations and noise complaints.

- **Travel Safely:** Do not smoke and drive. If you travel with cannabis, make sure your vehicle is up to code and your cannabis is concealed, preferably in your trunk. [Note: Maryland law requires medical cannabis in a private vehicle to be reasonably secured, sealed, in a tamper-evident container and reasonably inaccessible while the vehicle is moving.]
- **Be a Good Neighbor:** Loud music and domestic disputes can lead law enforcement to your home.

- **Be Discreet:** Try not to smoke where others can see you and never leave cannabis items in plain view.

## **DON'T CONSENT TO A SEARCH**

If the police ask: "Do you mind if I look in your purse, bag, home, or car?"

You respond: "I do not consent to a search."

When the police ask: "Why not? Are you hiding something?"

You respond: "I believe in my Constitutional right to privacy and I do not consent to a search."

Note: This probably will not stop an officer from searching you, but it can help get any evidence thrown out in court.

## **SEARCH WARRANTS**

Do NOT let an officer into your home without a search warrant. If a search warrant has been issued, always check the address, make sure the date is reasonably recent, and whether it has a judge's signature.

If law enforcement knocks on your door, step outside and close the door behind you while you determine why they are there. Never leave the door open.

If they do enter your home with or without a search warrant, say "I do not consent to a search."

## **EXERCISE YOUR RIGHTS**

There are three levels of police interactions and safe ways to handle each encounter.

1. **Casual Conversation:** Ask if you are being detained. If not, walk away.
2. **Detention:** If you are being detained, ask why. Make them cite the law and remember what they say!
3. **Arrest:** Say, "I choose to remain silent and I want to see a lawyer." (Remember to remain silent.)

The ASA provides a wallet-sized card that contains all of the above information. Check with a Member Services associate at the Reception Desk to receive one of these cards. You may also go to [www.safeaccessnow.org](http://www.safeaccessnow.org) for this and other valuable information.

# HEALTH CONDITIONS

Cannabis, when ingested safely, has been proven as useful medicine for a wide range of symptoms and conditions, including: AIDS, anorexia, anxiety, arthritis, asthma, cancer, chronic pain, depression, epilepsy, glaucoma, headache, insomnia, migraines, nausea, premenstrual tension, withdrawal from drugs, and many other conditions.

In the state of Maryland, a person must have one of the following qualifying conditions\*\* to qualify as a medical cannabis patient:

- Acquired Immunodeficiency Syndrome (AIDS)
  - PTSD
  - Anorexia
- Cachexia/wasting syndrome
- Cancer
- Crohn's disease
- Glaucoma
- Human Immunodeficiency Virus (HIV)
- Parkinson's disease
- Seizures, including those characteristic of epilepsy

# **SENSIBLE CANNABIS USE**

*The information below is reprinted from the Cannabis Action Network  
([www.cannabisactionnetwork.org](http://www.cannabisactionnetwork.org)).*

Like any medicine, cannabis can be misused. Excessive or inappropriate use can contribute to problems including sleepiness, overeating, and time management issues. Due to the political climate surrounding cannabis use, research and clinical studies have produced widely conflicting conclusions about the true benefits and potential side effects of cannabis use. Always listen to the advice of your doctor and use good judgment when using medical cannabis. These guidelines help identify ways of using medical cannabis in a positive way.

- Adults should use cannabis as part of a healthy, balanced, and responsible lifestyle.
- The decision to use cannabis should be made freely and not as a result of social pressure.
- Cannabis users should be well informed about its effects on themselves and others. These effects include both legal and health risks and personal consequences.
- Never use cannabis as an excuse for antisocial or irresponsible behavior.
- Cannabis users should model responsible use, particularly with new users.
- Develop your own sensible cannabis use limits based on personal, health, situational, and cultural factors. It is important to be objective about your personal cannabis use and listen to the advice of the dispensary's medical director.
- Avoid cannabis use that puts you or others at risk, such as when driving, at work, or in public places. Remember, personal use of cannabis is still illegal under federal law, and penalties are stiff.
- Use of cannabis by children is inappropriate and should be discouraged.
- Cannabis use should contribute to, rather than detract from, a patient's health, wellbeing, creativity, work, relationships, and social obligations.

# BRIEF HISTORY OF CANNABIS AS A MEDICINE

*The information below is used with permission from Amanda Reiman, MSW PhD. Additional information about the history and science of medical cannabis can be found in our Patient Education Center.*

Cannabis is as old as time. Here are a few highlights:

- References to the therapeutic use of cannabis date back to 2800 B.C.
- Cannabis was introduced to the U.S. Pharmacopoeia in 1854.
- By 1900, only alcohol and opiates were more common than cannabis in patent medicines.

But then immigration changed all that. Amanda Reiman states, “When cannabis first came on the scene in the U.S. in the early 1900s, reports of cannabis induced violence among Mexicans fueled the nation's fear about the little known plant. When the general population started experimenting with the herb in the 1920s, it became clear that the claims of violence were fabricated. Losing the ability to instill fear in the public around cannabis use, the message was modified. The new message tied cannabis use to insanity and mental illness, which were highly stigmatized conditions, and continue to be. Being labeled as mentally ill frightened the white, middle class, cannabis consumers, and this fear led to the support of the Cannabis Tax Act in 1937.”<sup>1</sup> Not long thereafter, in 1942, cannabis was removed from the Physician’s Desk Reference.

Fast forward to the 1990's when two important events happened that swung the debate toward public acceptance. First, California passed Proposition 215. Enacted on November 5, 1996, Prop 215 was the first statewide medical cannabis voter initiative adopted in the U.S. It allowed doctors to recommend medical cannabis for seriously ill patients and also allowed for patient/caregiver cultivation of medicine. The passing of Prop 215 was critical not just for California, but because it led to a growing body of anecdotal evidence.

The second important event that occurred was that the endocannabinoid system is discovered as existing naturally in the body (refer to <http://norml.org/library/item/introduction-to-the-endocannabinoid-system> for more information about the endocannabinoid system and how it relates to cannabis). As a result, in 1996, a keyword search of scientific journals for “cannabis”

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<sup>1</sup> [http://www.huffingtonpost.com/amanda-reiman/marijuana-addiction\\_b\\_2504137.html](http://www.huffingtonpost.com/amanda-reiman/marijuana-addiction_b_2504137.html)  
Southern Maryland Relief – Patient Handbook

revealed 258 articles published that year. In 2008, that number grew to over 2100 published studies.

And yet, despite the rapid growth and growing public acceptance, there continue to be obstacles. Cannabis still remains a Schedule I drug federally, which declares it has no medical value and therefore allows no support for research. Also, studies are limited largely to pre-clinical using synthetic THC and CBD instead of whole plant medicine.

Moving forward, while cannabis used to be considered a medicine for symptom management, studies are revealing that it may be curative as well. The endocannabinoid system may hold the key. The low toxicity of cannabis makes it extremely appealing. Thirty-nine states and the District of Columbia allow some form of medical cannabis use, and that number keeps growing.

## **WHAT IS MEDICAL CANNABIS?**

Medical cannabis refers to various forms of cannabis that are used medicinally for the treatment of specific symptoms and medical conditions.

Cannabis originates from the *Cannabis* plant, which flowers annually and is *dioecious*, meaning individual plants are either male or female. Cannabis is produced by harvesting, drying, curing, and trimming the dried flower buds of flowering female Cannabis plants. High quality cannabis is *not* produced from the leaves, which are trimmed away from the flower bud.

## **SATIVA vs. INDICA**

The two Cannabis plant species that are used to produce cannabis are the Cannabis Sativa plant and the Cannabis Indica plant. Each species offers a different sensory experience and taste or smell. Medical cannabis is available in pure sativa strains, pure indica strains, or “hybrid” strains that include varying amounts of both sativa and indica.

## **CANNABIS SATIVA**

Cannabis Sativa is a tall, slow to grow and mature plant that typically has long, thin leaves that may vary in color from light green to dark green. Sativa flower buds are long and thin and turn red as they mature in a warm environment. In cooler environments, the buds may be slightly purple. Sativa plants smell sweet and fruity and the smoke is generally quite mild. The stalks of Cannabis Sativa plants are a source of fiber for rope and other products.

The Cannabis Sativa medicating effect is often characterized as uplifting and energetic, and is mostly cerebral. Sativa users typically experience a feeling of optimism and wellbeing, as well as a good measure of pain relief for certain symptoms. A few pure Sativas are also very high in THC content and are known to have a hallucinogenic effect. Sativas and Sativa-dominant hybrids are often a good choice for daytime medication.

Conditions and symptoms that Sativas typically provide the most relief for are: Psychoactive Conditions, Social Anxiety, Mild Depression, Fatigue and more.

## **CANNABIS INDICA**

Cannabis Indica is a short to moderate height, generally between three and six feet, bushy plant and its leaves are shorter and broader than the Sativa leaves. The leaves are generally dark green, and are sometimes tinged with purple. As they near maturity, the leaves may become more purple in color. Indica is a strong smelling plant with a “stinky” or “skunky” smell. The smoke of Indicas is generally thick and more prone to cause coughing when inhaled. Indicas are the traditional source of concentrates.

The Cannabis Indica medicating effect is most often described as a pleasant body buzz. Indicas are great for relaxation, stress relief, and for an overall sense of calm and serenity. Cannabis Indicas are also very effective for overall body pain relief, and often used in the treatment of insomnia. They are the late evening choice of many patients as an all-night sleep aid. A few pure indica strains are very potent in THC and will cause the “couch lock” effect, enabling the patient to simply sit still and enjoy the experience of the medicine.

Conditions that Sativas typically provide the most relief for are: Pain Relief, Sedation, Anxiety, Neuropathy/Neuralgia, Menstrual Cramps, PMS, Glaucoma, Muscle Cramps, Muscle Spasms, Asthma, AIDS, Epilepsy, IBS, Gastric Disorders, Arthritis (Osteo & Rheumatoid), Multiple Sclerosis, Cerebral Palsy, Crohn's Disease, Fibromyalgia, ALS, Migraines, Hyperactivity, Insomnia, ADD and more.

## **HYBRIDS**

In addition to pure Cannabis Sativa and Indica plants, thousands of different types of hybrid plants are in existence. Hybrids typically fall into two different groups: Indica-Sativa (I/S) or Sativa-Indica (S/I), the first plant strain of the title generally being the dominant of the two. The goal of hybrid strains is to combine characteristics of each strain to minimize some of the unwanted effects of one while adding the desired effects of the other. For instance, Indica-dominant hybrids are effective for pain relief with the Sativa component allowing the patient to maintain energy and activity levels. Sativa-dominant strains are good for stimulating appetite, with the Indica component helping to reduce body pain and increase relaxation.<sup>2</sup>

# **TYPES OF CANNABIS PRODUCTS**

## **FLOWER BUDS**

Commonly referred to as “buds,” the flowers of the cannabis plant are the most potent for medicinal properties. The leaves of the cannabis plant also contain some cannabinoids, but in much lower concentration. The flowers and leaves of the plant can be smoked, vaporized, or used to prepare edibles.

## **CONCENTRATES**

Concentrates are manufactured by separating the trichomes from the cannabis flowers to create a concentrated dose of this specific part of the cannabis plant (refer to the section on Cannabinoids and CBD for a description of trichomes). The trichomes are then processed into a relatively solid paste or block. Concentrates can be somewhat powdery or more solid and sticky, depending on exactly how they were processed.

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<sup>2</sup><http://www.unitedpatientsgroup.com/blog/2012/01/31/how-do-you-know-which-medical-marijuana-strain-is-right-for-you/>  
Southern Maryland Relief – Patient Handbook

## **KIEF**

Kief is also made from the trichome part of the cannabis flower. Kief is simply the dried trichomes, without any further processing. It comes as a dry powder and can be smoked or vaporized or used to make edibles. It is sometimes sprinkled on the top of cannabis before smoking or vaporizing to augment the trichome content in the flowers. Some grinders used to evenly cut up the cannabis flowers before vaporizing or smoking have a small-mesh screen at the bottom for the purpose of collecting kief over time.

## **METHODS OF CONSUMPTION**

Medical cannabis can be ingested in many different ways. Effects may vary slightly with different methods of consumption. The length of time it takes for the medicine to take effect, and the length of time that the medicine remains effective, can vary greatly with different methods of consumption.

### **SMOKING CANNABIS**

Cannabis can be smoked via pipes, water bongs, or in rolling paper like a cigarette (joints). According to Americans for Safe Access ([www. safeaccessnow.org](http://www.safeaccessnow.org)), smoking cannabis produces the most immediate relief and permits the most refined control of dosage. While smoking any material is not good for the lungs, the amount of cannabis needed to smoke is so small that patients should not be overly concerned. Furthermore, using water pipes or other means of filtration will reduce the amount of unwanted plant matter inhaled. It is better to smoke the flowers rather than the leaves as this also reduces the amount a patient needs to smoke.

Whenever possible, it is recommended to use vaporizers or edible forms of medicine to avoid a negative impact on pulmonary health.

### **VAPORIZING CANNABIS**

According to Americans for Safe Access ([www. safeaccessnow.org](http://www.safeaccessnow.org)), cannabis vaporizers are designed to let users inhale active cannabinoids while avoiding smoke. Vaporizers work by heating the cannabis to a temperature just below the point of combustion, the point at which smoke is produced. When the cannabis is properly heated, THC and other cannabinoids are emitted in the form of a vapor. Many patients who find smoked cannabis highly irritating report

effective relief inhaling through vaporizers. Also, vaporizers are high in efficiency, decreasing the amount of medicine consumed and ultimately saving money long term.

If you are used to smoking your medicine, you may think that you aren't "getting anything" at first when you vaporize, because vapor does not burn the throat. Even though the vapor doesn't burn, it is still quite effective. Use caution and wait a few minutes to feel the full effects before taking more.

## **INGESTING CANNABIS**

Cannabis can be eaten, although usually in the form of baked goods like cookies or in candy-like products since THC and other cannabinoids are more efficiently absorbed into the bloodstream when combined with butter and other lipids. The time to onset of effects depends strongly on stomach content, but is usually 1 to 2 hours, and may continue for a considerable length of time, whereas the effects of smoking cannabis are almost immediate, lasting a shorter length of time.

It may also take longer for you to learn what dose is appropriate for you when eating and the side effects of using cannabis may be stronger than those felt by smoking. You cannot overdose on cannabis, however side effects can be intense and overwhelming. Use caution when trying edible products especially if you did not make them. Try small doses at first and give yourself a few days to figure out the amount needed.

The most common forms of edibles are:

- **Treats**, such as cookies, brownies, cakes, or candies. Any food that contains butter or oil can be made with cannabis-infused butter or oil.
- **Oils and honeys**, to be used directly in foods or teas
- **Capsules**, often containing oils
- **Beverages**
- **Tinctures**. A tincture is a process of using alcohol to extract cannabinoids from the plant into a liquid form. Tincture preparations have a similar effect as eating cannabis but the onset happens more rapidly and wears off more quickly. Tinctures can be taken under the tongue or mixed into water or other beverages.

● **Tea**. Like other herbs, cannabis may be made into a tea. Boil water and pour it over

the cannabis. Allowing the cannabis to steep for approximately an hour and a half will ensure extraction of the cannabinoids. The effects are similar to eating it.

## **APPLYING CANNABIS TOPICALLY**

Cannabis can be absorbed through the skin making it ideal for topical ointments, lotions, salves, creams, oils, and compresses. These products are most effective for localized pain relief.

Topicals are meant to be used through topical application only, and should not be applied to open wounds or cuts. Many topicals will include other herbs such as arnica or Saint John's Wart to help aid in absorption and to enhance the healing properties of the topical. A compress can be made by following the same instructions for tea. Make as much as you need to thoroughly soak the cloth you intend to use. Apply to pain and leave on for ½ hour.

## **MARINOL**

Marinol is a synthetic petrochemical analog of THC, one of the active elements found in cannabis. Some patients find it helps relieve nausea yet takes a long time to work. This product is made for ingestion only; do not smoke it. It has the potential for overdose. Use only under the supervision of a doctor. This dispensary does not provide marinol.

## **HIGH-CANNABIDOL (CBD) CANNABIS**

This dispensary makes every attempt to offer strains that are relatively high in Cannabidiol, commonly referred to as CBD. As stated by Project CBD, "CBD is a compound in cannabis that has medical effects but does not make people feel "stoned" and actually counters some of the effects of THC. After decades in which only high-THC cannabis was available, CBD-rich strains are now being grown by and for medical users. The reduced psychoactivity of CBD-rich cannabis may make it an appealing treatment option for patients seeking anti-inflammatory, anti-pain, anti-anxiety and/or anti-spasm effects without disconcerting euphoria or lethargy."

"Scientific and clinical studies indicate that CBD could be effective in easing symptoms of a wide range of difficult-to-control conditions, including: rheumatoid arthritis, diabetes, alcoholism, PTSD, epilepsy, antibiotic-resistant infections and neurological disorders. CBD has demonstrated neuroprotective effects, and its anti-cancer potential is currently being explored at

several academic research centers in the U.S. and other countries.”<sup>3</sup>

## **POSSIBLE EFFECTS & WARNINGS**

Due to the complex nature of the cannabis plant, there are a wide variety of potential effects. Most patients report desirable effects from cannabis, such as pain relief, increased appetite and a feeling of well-being. However, some patients also report undesirable effects, such as anxiety and sleeplessness. Some effects are desirable in every situation (e.g. pain relief), some effects are undesirable in every situation (e.g. anxiety), and some effects can be desirable or undesirable depending on the situation (e.g. hunger, drowsiness). Most patients try various strains and preparations of cannabis in an effort to determine which method produces the most desirable effects. Your Patient Health Log can help you determine this for yourself.

### **SIDE EFFECTS**

*The “Side Effects” information below is reprinted from the Americans for Safe Access (ASA) website: [www.safeaccessnow.org](http://www.safeaccessnow.org).*

Cannabis is one of the safest medicines: it is impossible to consume enough to produce a toxic effect in the body. However, if you are unfamiliar with it, cannabis can cause some effects, of which you should be aware of so that you can use it more effectively.

#### ***Uneasiness***

Cannabis usually has a soothing and comforting effect on the mind. Sometimes, however, people do experience feelings of anxiety. If this happens to you, there are several things you can do. Try to stay in environments where you feel naturally comfortable. If you feel anxious, sit or lie down, breathe deeply, and relax. If you have loved ones with you, hold each other for a while. If you have a pet, hold or stroke it. Eating will often quickly reduce the feeling of anxiety. Then, the next time you use it, try reducing your dosage. Because of our social training, you may experience feelings of guilt; know that you have a right to your medicine.

#### ***Hunger & Thirst***

Many patients use cannabis to stimulate appetite. If you are not using cannabis for this purpose, drink water or juice. If you wish to eat, eat good nourishing food rather than sweets.

### ***Redness in the Eyes***

This will not hurt you. If you must go out in public and are concerned about others' reaction to the redness, wear sunglasses or use eye drops.

### ***Drowsiness***

If cannabis makes you sleepy, take a nap if you can and wish to. As with all medicines that can produce drowsiness, don't drive or operate heavy machinery.

### ***Sleeplessness***

If you find that you can't sleep for a while after using cannabis, try reducing your dosage and avoid using it for about two hours before you want to sleep.

### ***Short-term Memory Loss***

Sometimes people find it difficult to carry on a complicated conversation, keep track of details, or perform complex tasks. If this happens to you, schedule your time so that you don't have to do these things when using your medicine.

### ***Giddiness***

While using cannabis, many people find things incredibly funny that wouldn't normally be so amusing. Most people enjoy this effect. However, if you must deal with situations where humor would be inappropriate, schedule your medicating so that you will not be experiencing giddiness at the wrong time.

## WARNINGS

Like other medications, care should be given when operating a motor vehicle or other heavy machinery, on the job, or caring for children or others. Until you know how cannabis will affect you, it is recommended that you do not use your medicine while involved in these activities. It is important to note that driving a motor vehicle while under the influence of cannabis is not protected under the Maryland medical cannabis law; patients determined to have a sufficient presence of metabolites or components of cannabis in their system while driving are subject to civil, criminal, or other penalties.

## CONTRAINDICATIONS & DRUG-TO-DRUG INTERACTIONS

Just like other medications, cannabis has the potential to interact with other medications, supplements, and recreational drugs like alcohol. There are three types of drug interactions that can occur:

- Antagonistic reaction:  $1+1=0$ . In this case, two substances cancel each other out, reducing the effectiveness of both drugs.
- Additive reaction:  $1+1=2$ . In this case, two substances each provide their own reaction, resulting in users experiencing the full effects of both.
- Synergistic reaction:  $1+1=4$ . In this case, the substances react together to produce an effect stronger than with either one alone.

It is important to know how the medications, supplements and recreational drugs interact to ensure that your medications retain their effectiveness, and that over-intoxication does not occur. This is why it is important to tell those who prescribe medications or supplements to you that you are using medical cannabis. Additionally, care should be taken when combining cannabis with other substances until you know how cannabis will affect you.

## CONSULTING YOUR DOCTOR

Utilizing a Patient Health Log (see following page) allows you to provide critical information to your doctor that is useful in preventing undesirable effects from happening. Additionally, Americans for Safe Access (ASA) publishes a pamphlet, “Talking to Your Doctor About Medical Cannabis” that provides patients with valuable information about the ongoing dialogue you should have with your doctor.

## CANNABIS COMPARED TO OTHER COMMONLY PRESCRIBED MEDICATIONS

*Developed and used with permission by Amanda Reiman, MSW PhD.*

Drug	Examples	Used For	Negative Effects	Can It Be Fatal?
Opioids	Oxycontin, Morphine	Pain	Severe respiratory depression or death following a single, large dose	YES
CNS Depressants	Barbiturates Benzodiazepine	Anxiety	Seizures following a rebound in brain activity after reducing or discontinuing use	YES
Stimulants	Ritalin Adderall	ADHD	Dangerously high body temperature or irregular heart beat after taking a large dose	YES
Cannabis	Flowers Tincture Edibles Etc.	All of the above and then some	Potential for anxiety, especially in new users, drowsiness	NO

## SIGNS & SYMPTOMS OF SUBSTANCE ABUSE

*Developed and used with permission by Amanda Reiman, MSW PhD.*

Currently, standard measures of cannabis consumption do not exist; this is complicated by the variation of THC (the psychoactive chemical in cannabis) among different strains of cannabis, and the disagreement in the field concerning the differences between experimentation, regular and heavy use of cannabis (Alexander, 2003). Research in this area has suggested the existence of “diagnostic orphans” among regular cannabis users. That is, users who meet only one or two of the current DMS-IV criteria for

cannabis dependence, which is not enough to be labeled as cannabis abusers or dependent. It is proposed that there is a population of regular cannabis users who are experiencing similar patterns of use to those with an abuse or dependence diagnosis, but are lacking the elevated rates of other drug use, mental health symptoms and social and behavioral consequences to qualify them for an abuse or dependence diagnosis. Furthermore, research suggests that even daily cannabis use might not be indicative of abuse or dependence, varying by the user's individual circumstance and their use of other drugs (Degenhardt et al., 2002; Looby and Earleywine, 2007; Alexander, 2003).

The DSM V will be released in 2013 with the following additions: Cannabis Abuse is now re-classified as Cannabis Use Disorder. Also, Cannabis Withdrawal was added and includes the following symptoms:

- Irritability, anger/aggression, anxiety, sleep difficulty, decreased appetite, restlessness
- Less common: depressed mood, physical discomfort

Concerning the prevalence of withdrawal symptoms, Agrawal et al. (2008) reported that 29% of those who used cannabis during the past year reported experiencing at least two cannabis withdrawal symptoms. Hasin et al. (2008) reported that among those who had ever used cannabis greater than 3 times per week, 44% reported experiencing at least two cannabis withdrawal symptoms and 34% reported experiencing at least three.

# PATIENT HEALTH LOG

*The information below is used with permission from Amanda Reiman, MSW PhD.*

## INSTRUCTIONS

In an effort to assist patients with self-assessment and the ability to describe the effects of cannabis to their doctor, this dispensary recommends patients utilize a Patient Health Log to track critical information about medicine and its effects, particularly relating to pain, cachexia or wasting syndrome, nausea, seizures, muscle spasms, or agitation. The information that follows will instruct you on how to use the Patient Health Log effectively. Blank Patient Health Logs are included in the back of this Handbook. You may also speak to Member Services for more information on how to complete the log.

When assessing the effects of a particular strain or preparation, try to consume the medicine for the first time when you have not used any other cannabis products that day so you can get the best idea of how it makes you feel.

## FLOWERS

In your log, write down the name of the strain, the time of day and the method of ingestion (joint, pipe, vaporizer). Then, take a few hits of the new strain. Wait about 5 minutes, and then answer the following questions in your log:

1. *Did you like the smell of the strain? Rate it on a scale of 1-10 (10 being highest)*
2. *Did you like the taste of the strain? Rate it on a scale of 1-10*
3. *What was the purpose of using cannabis at this time? (pain relief, stress relief, etc.)*
4. *Did this strain accomplish your purpose? Did it relieve your pain? Reduce your stress? To what extent? Did it have any other positive effects?*
5. *Were there any unwanted side effects from this strain? (anxiety, sleepiness, etc.)*
6. *On a scale of 1-10, with 1 being “negative experience, would not use this strain again” and 10 being “my new favorite strain, I would choose this over all others every time”, rate this strain thinking about your answers to questions 1-5.*

## PREPARATIONS

The above method can also be applied to different preparations as well, such as edibles and concentrates.

**When testing edibles**, write down the type of edible (cookie, brownie), the brand name (if there is one), the strain in the edible, and dose (if listed). Ingest the edible on an empty stomach and eat a portion of the edible to start, and then record the effects 30 minutes later before deciding to ingest an additional portion.

**For concentrates**, write down information on the type of concentrate (cold water hash, full melt, etc.), the method of ingestion (pipe, bong, etc.), the strain used in the concentrate (if known) and the strain of cannabis flower ingested with the concentrate (if applicable). Just as with the cannabis flowers, take a few hits, wait a few minutes, and then answer questions 1-6 above.

In addition to answering the questions, you can also record any other details of the experience that you think are important to remember and share with your doctor, such as how you were feeling that day and the context of your cannabis use (alone, with friends, in a hurry, etc.).

The more detail you include in the log, the more useful it can be. Your log can take whichever form you choose: journal, spreadsheet, but below is an example of a Patient Log. Bring your log to your Doctor's office, as well as your dispensary, so that you can effectively select the medicine that works best for you. **A blank log is included at the end of this handbook.**

### SAMPLE PATIENT LOG

Date & Time	Preparation & Method of Ingestion	Strain (if known)	Smell (1-10)	Taste (1-10)	Symptoms Targeted + Effectiveness (1-10)	Notes for Doctor/Self	Length of Reported Effect	Unwanted Effects	Overall Score (1-10)
6/20, 4:00 pm	Flowers Vaporized	Trainwreck	8	5	Arthritis in foot (8) Headache (3)	Works well on joint pain	4 hours	None	8
6/20, 11:30 pm	Cookie Eaten	Not known	2	1	Insomnia (9)	Horrible taste, very effective	3.5 hours	Bad taste	8
6/21, 9am	Flowers/ hash Smoked	Blue Dream/ Headband	2	8	Stomach ache (2)	Good taste, not effective for stomach pain	2 hours	Drowsiness	2

# RECENT MEDICAL DEVELOPMENTS

*The information below is used with permission from Amanda Reiman, MSW PhD.*

## **A REVIEW OF THE RECENT EVIDENCE: ALZHEIMER'S DISEASE**

- Ramirez et al. and Marchalant et al. (2005; 2007) found that the administration of a synthetic cannabinoid prevented cognitive impairment, decreased neurotoxicity, and reduced the brain swelling associated with AD, and led to better performance on a maze memory test when compared to untreated controls.
- Eubanks et al. (2006) found that THC inhibits the enzyme responsible for the primary marker of AD in a way that was superior to current drugs approved to treat the condition.

## **RECENT EVIDENCE: CHRONIC PAIN**

- Chronic pain is common and often nerve-related, as the result of a disease (MS, HIV, etc.)
- Abrams et al. and Ellis et al. (2007; 2008) have shown in clinical trials, that smoked cannabis reduced the neuropathic pain of AIDS patients more than 30% compared to placebo.
- Cannabis is multi-functional:
  - Calming and addresses nerve pain, similar to the effects of opiate treatments (Wilsey et al., 2008).
  - Cannabis (unlike the synthetic THC found in prescription medication) has multiple cannabinoids (THC, CBD, etc.), making it more effective (Comelli et al, 2008).

## **RECENT EVIDENCE: RHEUMATOID ARTHRITIS...**

- Evidence mostly anecdotal and survey. Survey evidence shows 20-25% of medical cannabis patients in Australia and Britain are using for RA (Swift et al., Ware et al., 2005).
- First clinical trials support that cannabis reduces pain at movement, pain at rest, quality of sleep, inflammation and intensity of pain compared to placebo (Blake et al., 2006, N.A., 2003).

## **RECENT EVIDENCE: GLIOMAS (BRAIN TUMORS)**

- Numerous studies report that cannabinoids play a role in cancer cell death. Furthermore, natural THC has been found to be more effective than synthetic THC (Guzman et al., 1998, 2000, 2003, 2004; Massi et al., 2004; Allister et al., 2005).
- The first clinical trial conducted on brain tumors revealed that administration of THC was associated with a reduction in tumor size in 2 of 9 patients (Guzman et al., 2006).
- There is also support for cannabinoid based therapies for a slew of other cancers, including breast, prostate and skin cancer (see full report for references).

## **RECENT EVIDENCE: MULTIPLE SCLEROSIS (MS)**

- A large body of evidence supports the use of cannabis to control symptoms including pain, spasticity, depression, fatigue and incontinence (see full report for references).
- Cannabis therapy is common among MS patients, with estimates as high as 1 out of 2 (Rueters, 2002).
- Recent research supports that cannabis can inhibit MS progression (Pryce et al., 2003) and boost immune function in MS patients (Killestein et al., 2003).
- Clinical data from 2006 (Wade et al.) showed relief of pain, spasticity and incontinence among 167 MS patients for over 400 days without requiring an increase in dose.
- Currently, a three-year British trial is underway.

## **RECENT EVIDENCE: OTHER CONDITIONS**

Evidence also exists for the use of cannabis to treat:

- Lou Gehrig's disease
- Diabetes mellitus
- Fibromyalgia
- GI disorders (IBS, Crohn's)
- Hepatitis C
- HIV
- Hypertension
- Incontinence
- MRSA
- Osteoporosis
- Sleep apnea
- Tourette's syndrome

## **CANNABIS AND MENTAL HEALTH**

- Like all drugs, the safety of cannabis is affected by set and setting.
- There is support for the link between cannabis use and symptoms of depression, psychotic problems, and schizophrenia. These occurrences are largely among adolescents and those pre-disposed to mental illness (Semple et al., 2005; Fergusson et al., Hall, W. 2006)
- But, keep in mind:
  - These studies did not always control for all confounding factors (e.g. SES, other drug use, family environment)
  - It is possible that there is self-medication for undiagnosed mental illness

## **CANNABIS AND PREGNANCY**

- Survey research supports that women are using cannabis during pregnancy for relief of the symptoms of morning sickness , many respondents noting its effectiveness (Westfall et al., 2006).
- There has been no proven association between cannabis use during pregnancy and low birth weight in three large survey studies (English at al., 1997; Balle et al., 1999; Trivers et al., 2006).
- However, there is still more research to be done, especially around the role of the endocannabinoid system in reproduction.

## **COMMON CANNABIS MYTHS**

“Cannabis is harmless.”

- Cannabis users report a higher level of respiratory complaints than non-smokers.
- Cannabis smokers are at a higher risk for bronchitis, sore throat, infection and POSSIBLY cancer, but there are ways to combat this.
- Daily cannabis users have a 30% higher rate of injuries.

## **COMMON CANNABIS MYTHS**

“Cannabis is 10 times more potent now than in the 60’s.”

- Government samples from the 60’s and 70’s came from degraded bricks of Mexican brick

weed with a very low THC level.

- High potency cannabis has always existed, and might reduce the harms from smoking because less is needed to achieve the desired effect.

## **COMMON CANNABIS MYTHS**

“Cannabis kills brain cells.”

- Based on Dr. Heath’s monkey studies in which the animals were exposed to large amounts of cannabis and brain cell “changes,” not “death,” was observed.
- Several later studies discredited Heath’s study and found no evidence of the physical alteration of the brain, even after a year of regular exposure.
- Short-term memory disturbance has been shown in regular users, and might persist after cessation.

## **FOR MORE INFORMATION...**

- Armentano, P. (2010). Emerging Clinical Applications for Cannabis and Cannabinoids: A review of the recent scientific literature, 2000-2010. Available online at [www.norml.org](http://www.norml.org)
- Armentano, P. (2007). Cannabis, Mental Health and Context: The case for regulation Available online at [www.norml.org](http://www.norml.org)
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- Gieringer, D. (1994). NORML’s Marijuana Health Mythology. Available online at [www.norml.org](http://www.norml.org)