

To: The Cannabis Advisory Committee & The Medicinal Use Subcommittee  
From: Sarah Armstrong – Americans for Safe Access  
Re: Defining the Subcommittee’s Scope & and Prioritization of Topics  
Date: February 5, 2023

Americans for Safe Access (ASA) respectfully submits the following suggestions for defining the Medicinal Use Subcommittee’s scope and prioritization of topics.

**Scope of the Committee:**

The Subcommittee should cast a wide net, addressing all topics which impact medicinal cannabis and cannabis patients, including but not limited to:

- Identifying and resolving barriers to safe access for medical cannabis patients.
- Ensuring that barriers to consumption in the home (the only place medical cannabis patients can legally consume their medicine in California) are removed.
- How to facilitate access for medical cannabis patients who are so poor they cannot acquire their medicine, no matter how low the cost.
- How to best educate patients as to the dangers of illicit retailers and illegal delivery services.
- How to best provide education so that medical cannabis patients can tell the difference between illicit and licensed facilities.
- How to best facilitate the acquisition of medical cannabis by veterans who are financially challenged.
- How to best educate consumers who use cannabis as a medicine, but do not self-identify as patients.
- How to best educate patients who possess a recommendation but have not received any meaningful information about side effects relating to inappropriate use.
- How best to address the needs of cannabis patients in the adult use market, ensuring that the products they need are on the shelves.
- How to best protect medical cannabis patients from discrimination in housing, employment and custody matters, which linger despite newly enacted laws.

**Prioritization of Topics:**

**Create a Panel of Experts Who Would Advise the Subcommittee**

With the help of the Department of Cannabis Control (the DCC) and under the coordination of Dr. Ellicott Matthay create a panel of doctors who practice cannabis medicine.

**Reason for the Request:**

Currently only one member of the Cannabis Advisory Committee, Dr. Matthay, has conducted research on medicinal cannabis. While this is a valuable and useful activity, it does not have the immediacy of those on the front line, doctors who treat cannabis patients on a daily basis.

Doctors who see cannabis patients on a daily basis are your “canaries in the coal mine”. They can provide you with the latest data on what patients are seeking treatment for (without compromising patient privacy), thus identifying emerging trends that need to be addressed.

They can acquaint you with what would constitute best practices for doctors as cannabis treatments evolve.

They can provide you with useful information about the interaction between cannabis and mental and physical health.

They typically have a deep knowledge of experiments and studies. Their expertise can help the subcommittee educate itself about medical cannabis patients and medical cannabis issues.

Many of these doctors have already applied to be members of the Cannabis Advisory Committee (the CAC). Their applications could be forwarded to Dr. Matthey for review. Those who seem to be the most appropriate could be invited to be part of the advisory panel.

### **Investigation of, and Recommendations for, the Reformation of the Medical Marijuana ID Card System**

The State of California, through county health agencies issues a card to medical cannabis patients which identifies their status to law enforcement and serves as a mechanism for exemption from California Sales Tax.

#### **Reason for the Request:**

Historically, the Medical Marijuana ID Card (the MMID Card) was created as a mechanism for law enforcement to determine that a medical cannabis patient had a valid doctor's recommendation and was thus exempt from possession/possession for sale charges.

With the arrival of legalization, possession of the card also exempted patients from California Sales Tax.

Modernly, with statutory clarification of what a patient or an adult user can possess, the card has fallen into disuse, with perhaps no more than 2,200 of the State's 39 million residents possessing one.

Additionally, now that carry limits are set in law, there has been a shift in reasons for roadside stops. Now the emphasis is on violation of open container laws (cannabis is treated like alcohol in terms of open containers) with additional DUI charges if the driver appears to be driving while inebriated.

The card is expensive for residents and must be renewed every year. It is a burden on county health departments because it is no longer revenue neutral. Most cannabis retailers have no idea it serves as a mechanism for a sales tax waiver, so attempting to use it this way is often difficult.

All of the above, argue for a in depth analysis of the program, and submission of recommendations to reform the program.

#### **Enforcement**

While the actual nuts and bolts of law enforcement activity is clearly beyond the scope of the subcommittee, providing guidance on areas of enforcement that need to be addressed should not be beyond the scope of the Subcommittee.

#### **Reason For The Request:**

Americans for Safe Access (ASA) successfully campaigned for a statutory change which allows law enforcement to test cannabis and cannabis products seized at unlicensed businesses, at licensed cannabis laboratories.

Both the City of Los Angeles and Monterey County have taken advantage of this statutory change.



Products and cannabis from raided entities submitted to cannabis labs have shown a high degree of contamination. This includes some contaminants that would particularly impact medical cannabis patients with compromised immune systems.

Recommending that the Statewide Cannabis Task Force covertly test cannabis and cannabis products acquired from illicit locations prior to raids and closures is an example of enforcement recommendations that should be within the scope of the Subcommittee.

Additionally, since illicit sellers keep email and text lists of their clients, seizing these lists would allow the State to notify patrons that they have purchased contaminated products.

### **Creating a Statewide System for Alerting Cannabis Patients to Incipient Dangers**

There currently is no system for alerting cannabis patients to product recalls, dangers arising from contaminated products, or products which are inherently dangerous.


#### **Reason for the Request:**

Cannabinoid isolates can be easily accessed in head shops, gas stations, etc. Some of these are far more potent than the Delta9 THC limits imbedded in statute. One isolate, THC-O has been shown in a landmark study to both poison and coat the lungs, much like the acetate that caused so many deaths during the EVALI crisis. The state needs to establish a method (i.e. a website) where warnings about dangerous or contaminated products can be accessed.

ASA is grateful for the opportunity to provide input on the scope of the subcommittee and its priorities. ASA was founded in 2002. With over 150,000 active supporters in all 50 states, ASA is the oldest, largest national member-based organization of patients, medical professionals, scientists and concerned citizens promoting safe and legal access to cannabis for therapeutic use and research. ASA works to overcome political, social, and legal barriers by creating policies that improve access to medical cannabis for patients and researchers through legislation, education, litigation, research, grassroots empowerment, advocacy and services for patients, governments, medical professionals, and medical cannabis providers. Our website is: [www.safeaccessnow.org](http://www.safeaccessnow.org)

Should you have any questions or concerns, Ms. Armstrong can be reached at: [canwonk@gmail.com](mailto:canwonk@gmail.com) or (805) 279-8229.

Sincerely,



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