

To: Cannabis Advisory Committee

Medicinal Cannabis Subcommittee

From: California NORML

[PDF copy attached]

We welcome the formation of DCC's new advisory subcommittee on medicinal cannabis.

Medical access has unfortunately fallen into neglect since the implementation of adult-use under Prop 64. Cal NORML regularly hears complaints from patients and doctors about the diminishing variety, availability and quality of medicinal products, as well as their high cost and lack of insurance coverage. While the market is awash with a proliferation of edible treats, high-THC flowers, oils and concentrates, there is a notable scarcity of medicinal preparations, such as formulations with high CBD or terpenoids.

Although the state issues "A" and "M" manufacturing licenses, in practice there is little meaningful distinction between them except to the extent that the latter can be retailed in higher dosage quantities. **M-designated products should be required to meet higher, medicinal standards.** In particular, low dosages are typically recommended for common complaints like chronic pain. **It is therefore important that M-licensed products be easily dispensable in safe, moderate dosages.**

* **Labels should be clearly marked with content, dosage, and usage instructions.** Unfortunately, many labels are virtually illegible, especially for elderly users, being printed in poor contrast and tiny type.

* **It should be easy for patients to ascertain a basic dosage unit for oral medications (say, 5 or 2.5 mg THC), and a convenient way to dispense it (e.g., one dose per dropperful, tablet, or teaspoon).** Patients shouldn't have to do arithmetic to measure out the doses in a container.

* Doseages of CBD, terpenes, and other active ingredients should likewise be clearly indicated. Inhaled medications should preferably specify their terpene content, which is known to have medicinal properties. Because terpenes are less active when consumed orally, they are not so important for edibles .

* **Retail staff need better training about medicinal products.** Many budtenders are ignorant about medicinal aspects of cannabis; wrongly attribute distinctive effects to “indica” and “sativa” strains; are unfamiliar with terpenes; or have little knowledge about the proper dosage for novice users.

* **Medicinal products should be provided with a kind of patient package insert** like those with prescription drugs. Such information is too lengthy to put on the label and would be better dispensed in a separate brochure.

* The development of such information is a task best assigned to an expert advisory committee that includes experienced medicinal cannabis physicians.

* We are skeptical of overburdening product labels with excessive verbiage. California consumers are already jaded by tiresome pro forma label warnings and are understandably inclined to ignore them. Label space should rather be dedicated to dosage and usage instructions that consumers are likely to use.

* M-licensed products should ideally be made available to qualified patients free of taxes. Tax-free medical programs have been successfully implemented in other states such as Massachusetts and Colorado, which have tens of thousands of registered patients. In contrast, California, which offers just a modest, sales-tax benefit to patients with a state ID card, has only two thousand patients in its state ID program. Enrollment in California’s ID card system is unduly complicated and costly, and provides no extra assurance of the medical legitimacy of a patient’s qualifications. The ID card program should either be revamped or scrapped, and tax exemptions extended more broadly to qualified medical consumers of M-licensed products.

We realize these are substantial reforms that would require new legislation, and are beyond the scope of DCC’s regulatory control. Nonetheless, we urge the subcommittee to give broad consideration as to what can be done to improve the quality, availability and affordability of medicinal products. In particular we urge the DCC to consult more with knowledgeable, practicing medical cannabis physicians and patients’ groups in future deliberations.

Thank you for your consideration,

Sincerely,

Dale Gieringer, Ph.D.

Director, California NORML – www.canorml.org

Co-author, Prop. 215

Advisory Board, UCSD Center for Medicinal Cannabis Research

California NORML
www.canorml.org



NORML[®]

*California Chapter of the National Organization for the Reform of Marijuana Laws
2261 Market St. #278A, S.F., CA 94114 - www.canorml.org - (415) 563-5858 / (510) 540-1066
LA Office: (310) 652-8654*

Feb 13, 2023

CA Department of Cannabis Control
Cannabis Advisory Committee
Medicinal Cannabis Subcommittee

Cal NORML welcomes the formation of DCC's new advisory subcommittee on medicinal cannabis.

Medical access has unfortunately fallen into neglect since the implementation of adult-use under Prop 64. Cal NORML regularly hears complaints from patients and doctors about the diminishing variety, availability and quality of medicinal products, as well as their high cost and lack of insurance coverage. While the market is awash with a proliferation of edible treats, high-THC flowers, oils and concentrates, there is a notable scarcity of medicinal preparations, such as formulations with high CBD or terpenoids.

Although the state issues "A" and "M" manufacturing licenses, in practice there is little meaningful distinction between them except to the extent that the latter can be retailed in higher dosage quantities. **M-designated products should be required to meet higher, medicinal standards.** In particular, low dosages are typically recommended for common complaints like chronic pain. **It is therefore important that M-licensed products be easily dispensable in safe, moderate dosages.**

* **Labels should be clearly marked with content, dosage, and usage instructions.** Unfortunately, many labels are virtually illegible, especially for elderly users, being printed in poor contrast and tiny type.

* **It should be easy for patients to ascertain a basic dosage unit for oral medications (say, 5 or 2.5 mg THC), and a convenient way to dispense it (e.g., one dose per dropperful, tablet, or teaspoon).** Patients shouldn't have to do arithmetic to measure out the doses in a container.

Dosages of CBD, terpenes, and other active ingredients should likewise be clearly indicated. Inhaled medications should preferably specify their terpene content,

which is known to have medicinal properties. Because terpenes are less active when consumed orally, they are not so important for edibles .

* **Retail staff need better training about medicinal products.** Many budtenders are ignorant about medicinal aspects of cannabis; wrongly attribute distinctive effects to “indica” and “sativa” strains; are unfamiliar with terpenes; or have little knowledge about the proper dosage for novice users.

* **Medicinal products should be provided with a kind of patient package insert** like those with prescription drugs. Such information is too lengthy to put on the label and would be better dispensed in a separate brochure.

* The development of such information is a task best assigned to an expert advisory committee that includes experienced medicinal cannabis physicians.

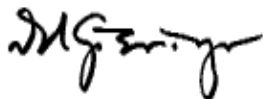
* We are skeptical of overburdening product labels with excessive verbiage. California consumers are already jaded by tiresome pro forma label warnings and are understandably inclined to ignore them. Label space should rather be dedicated to dosage and usage instructions that consumers are likely to use.

* M-licensed products should ideally be made available to qualified patients free of taxes. Tax-free medical programs have been successfully implemented in other states such as Massachusetts and Colorado, which have tens of thousands of registered patients. In contrast, California, which offers just a modest, sales-tax benefit to patients with a state ID card, has only two thousand patients in its state ID program. Enrollment in California’s ID card system is unduly complicated and costly, and provides no extra assurance of the medical legitimacy of a patient’s qualifications. The ID card program should either be revamped or scrapped, and tax exemptions extended more broadly to qualified medical consumers of M-licensed products.

We realize these are substantial reforms that would require new legislation, and are beyond the scope of DCC’s regulatory control. Nonetheless, we urge the subcommittee to give broad consideration as to what can be done to improve the quality, availability and affordability of medicinal products. In particular we urge the DCC to consult more with knowledgeable, practicing medical cannabis physicians and patients’ groups in future deliberations.

Thank you for your consideration,

Sincerely,



Dale Gieringer, Ph.D.
Director, California NORML – www.canorml.org
Co-author, Prop. 215
Advisory Board, UCSD Center for Medicinal Cannabis Research