

Safe Access To Medical Cannabis in New Mexico Schools

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Access New Mexico

Safe Access New Mexico ~ A Chapter of Americans For Safe Access
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Program Participants Should Be Able To Use Medical Cannabis At Schools

We've come a long way since cannabis was first decriminalized in Oregon in 1973 and then in New Mexico; medical cannabis history started in 1978, after public hearings the legislature enacted H.B. 329, the nation's first law recognizing the medical value of cannabis...the first law. And it has now been over a decade since the passage of the Lynn and Erin Compassionate Use Act. Safe Access for those patients who will benefit most from medical cannabis treatments; still need to overcome political, social and legal barriers with advocacy by creating policies that improve access to medical cannabis for patients - and that means at school too.

Schools already allow children to use all kinds of psychotropic medications—from Ritalin to opioid painkillers—when prescribed by a physician.

States That Allow Safe Access To Medical Cannabis In Schools

New Jersey - 2015 *

Maine - 2015 *

Colorado - 2016 (1st Jack's Law) & 2018

Washington - 2016

Pennsylvania - 2017

Illinois - 2018

(* States Program is Modelled after New Mexico's Medical Cannabis Program)

New Jersey in November 2015 became the first state to do so. Governor Christie signed a bill directing all school districts in New Jersey to adopt rules that permit children with developmental disabilities to consume cannabis oil or another edible cannabis product.

The law and the policy were inspired by Genny Barbour, a 16-year-old girl from Maple Shade and a Larc student. Her family unsuccessfully sued in 2014 for the right to allow their daughter to take her lunchtime dose of cannabis oil her mother makes because it has worked better than any traditional pharmaceutical remedies to control her seizures. The policy says a parent and child who are registered with the New Jersey medicinal cannabis program must show their identification cards. The school will keep a copy on file. The parent and registered caregiver may enter the school and administer the medicine in a private room with a staff member present.

Maine passed its law in 2015 and stands out from these two above because policymakers worked from the state's existing medical cannabis framework and simply expanded the locations in which medical cannabis use is permissible. In Maine; "A child who holds a written certification for the medical use of cannabis under Title 22, section 2423-B may not be denied eligibility to attend school solely because the child requires medical cannabis in a non-smokeable form as a reasonable accommodation necessary for the child to attend school." Link to full text:

<http://legislature.maine.gov/legis/bills/getPDF.asp?paper=HP0381&item=5&snm=127>

In **Washington** state, July 1st 2016, state law says schools are not legally required to permit on-site medical cannabis use; instead, schools can decide themselves.

Pennsylvania in 2017: The Pennsylvania Departments of Health and Education support the administration of medical cannabis under a Safe Harbor Letter to students with serious medical conditions and the maintenance of a safe environment for other students while on school property. Recommended Guidance: A parent, legal guardian or caregiver may administer medical cannabis to their child/student on school premises provided that the parent, legal guardian or caregiver: (1) provides the school principal with a copy of the Safe Harbor Letter; and (2) notifies the school principal, in advance, of each instance in which the parent or caregiver will administer the medical cannabis to the child/student. The school principal shall provide notification to the school nurse in each instance a parent or caregiver will be administering medical cannabis to the child/student as well. The parent/caregiver shall follow all school protocols applicable to visitors to the school during the school day.

Pennsylvania Continued:

A parent, legal guardian or caregiver shall bring to the school and administer the medical cannabis to their child/student without creating a distraction, and shall promptly remove any excess medical cannabis and related materials from the school premises after the administration of medical cannabis is complete. The school shall provide a secure and private location for the parent/legal guardian/caregiver to administer the medical cannabis to the student. Students themselves shall not be permitted to possess any form of medical cannabis at any time on school property or during any school activities on school property.

Expiration: The recommended guidance will remain in effect until the Pennsylvania Department of Education promulgates regulations regarding the possession and use of medical cannabis in the commonwealth's schools. Link: www.pa.gov/guides/pennsylvania-medical-cannabis-program/#SafeHarbor

Illinois in 2018 by order of a Judge. Ashley Surin is the sole exemption. She overcame a leukemia diagnosis at 2 years old with extensive chemotherapy, but some of her treatments eventually led to having semi regular seizures. Her parents filed a lawsuit in federal court against Schaumburg School District 54 and the State of Illinois, claiming that the state's ban on taking the drug at school violates the Individuals With Disabilities Education Act (IDEA). Ashley uses a medical cannabis patch on her foot and an medical cannabis oil extract on her wrists. Link to Lawsuit:

<http://cdn.cnn.com/cnn/2018/images/01/18/complaint.medical.cannabis.pdf>

Then in August 2018, Illinois Gov. Bruce Rauner has signed a law requiring public schools to allow parents to administer medical cannabis at school to eligible children. Link to the Law Passed:

<http://www.ilga.gov/legislation/billstatus.asp?DocNum=4870&GAID=14&GA=100&DocTypeID=HB&LegID=110237&SessionID=91>

Recommending Medical Cannabis

In *Conant v. Walters* (2004), the Supreme Court ruled that doctors may legally recommend cannabis to their patients. Doctors do not need to be in a state with medical cannabis laws to do so. However, each state with medical cannabis laws requires different mechanisms to put recommendations in writing so that the patient may legally access cannabis. Doctors cannot prescribe cannabis or help patients obtain the cannabis itself.

Recommending Medical Cannabis in New Mexico

Medical professionals recommending medical cannabis must be medical personnel licensed in New Mexico to prescribe and administer drugs that are subject to the Controlled Substance Act, this includes MDs, DOs and nurse practitioners that have a primary practice in New Mexico. A practitioner must demonstrate an established patient-provider relationship that includes a current assessment of the applicant's debilitating medical condition and an assessment of whether the potential benefits of program participation outweigh any risks. A certification requires a clinical visit.

Understanding Medical Cannabis for Pediatric Patients

In 1995, The Scientist, Raphael Mechoulam (The Brettler Center for Medical Research, Medical Faculty, Hebrew University, Jerusalem) published a study with Dr. Aya Abrahamov (Department of Pediatrics, Shaare Zedek Hospital, Jerusalem, Israel) and Dr. Avraham Abrahamov (Department of Pediatrics, Bikur Holim Hospital, Jerusalem); An efficient new cannabinoid antiemetic in pediatric oncology. *Journal of the International Hemp Association* 2(2): 76-79. “Medical Cannabis, Children and Cancer Treatment: ‘Hashish For Children’”

So in 1995 Dr. Mechoulam had an idea to test THC on children undergoing cancer treatments, as it had been known for many years that cannabis can reduce the effects of cancer drugs. Anti-cancer drugs, many of them cause terrible side effects for adults, for children this can be much worse. And in children, many of them vomit, have nausea, are crying from the pain - they're in really bad shape. And this makes it a challenge for the parents of these children as this all take a toll on them as well. Luckily most of the children today can be cured of the cancer, but the treatment is absolutely beyond difficult. (Additional side effect of anticancer drug treatments include; Low blood counts causes an increased possibility of developing infection or anemia. Tiredness. Mouth soreness. Loss of appetite. Constipation or diarrhea. Hair loss. Skin changes or reactions.)

What Dr. Mechoulam wanted to do was a clinical trial in children. He did a major study with Dr. Aya Abrahamov (Department of Pediatrics, Shaare Zedek Hospital, Jerusalem, Israel) and Dr. Avraham Abrahamov (Department of Pediatrics, Bikur Holim Hospital, Jerusalem).

What they did for the study was give THC drops in olive oil under the tongue of children. Obviously, children cannot smoke, they had children that were not even one year old yet. Dr. Aya Abrahamov gave the children 2-3 drops of the THC infused Olive Oil, micro doses, 2-3 time per day during anti-cancer drug treatments. At the a start of the clinical trial, Dr. Mechoulam wanted to do a double-blind study where some of the children got THC Olive Oil and some got just Olive Oil.

After one week Dr. Aya Abrahamov came back to Dr. Mechoulam and she told him that she was not going ahead with the double-blind study. Dr. Aya Abrahamov then told Dr. Mechoulam, “I know exactly who is getting the THC and exactly who is not getting it.” There was a clear separation right from the get go, those didn’t get it continued to vomit, so she went ahead with an open study.

Dr. Aya Abrahamov gave the THC Olive Oil, pure THC, under the tongue about 400 times, which means that those in the experiment got the THC every time they were treated with the anticancer drugs. And by the end of the study they had seen a complete, complete block of vomiting, complete block of nausea, by a small amount of THC that did not cause any psychoactivity- none at all. So here we have a complete therapeutic effect proven that they published [back in the 90's](#) .

“In summary, the complete success in preventing vomiting due to antineoplastic treatment in children, and the essential lack of side effects, leads us to believe that delta-8-THC at a dose considerably higher than the doses of delta-9-THC usually administered to adults, can serve as a new, inexpensive antiemetic agent in pediatric cancer chemotherapy.” Yes - THC is safe to use with pediatric patients and this has been known for over 20 years.

THE ENDOCANNABINOID SYSTEM

It is an established scientific fact that cannabinoids and other components of cannabis can modulate many physiological systems in the human brain and body. The discovery of receptors in the brain that respond pharmacologically to cannabis—and the subsequent identification of endogenous cannabinoid compounds in our own bodies that bind to these receptors - The Endocannabinoid System. Cannabinoids are chemical compounds that trigger cannabinoid (and other) receptors. More than 100 cannabinoids have been identified in the cannabis plant. Of these cannabis molecules, tetrahydrocannabinol (THC) and cannabidiol (CBD) have been studied most extensively. In addition to cannabinoids produced by the plant, there are endogenous cannabinoids (such as anandamide and 2AG) that occur naturally in the mammalian brain and body, as well as synthetic cannabinoids created by pharmaceutical researchers.

The Endocannabinoid System Continued

CBD and THC Synergy (The Entourage Effect)

Dr. Sean McAllister and his colleagues at the California Pacific Medical Center in San Francisco report, the best results were obtained when CBD was administered along with THC. Several studies underscore the therapeutic advantages for combining CBD and THC—particularly for treating peripheral neuropathy, a painful condition associated with cancer, multiple sclerosis (MS), diabetes, arthritis, and other neurodegenerative ailments. Clinical research conducted by GW Pharmaceuticals, a British company, has also shown that CBD is most effective as an analgesic when administered in combination with whole plant THC. “Cannabis is inherently polypharmaceutical,” Dr. John McPartland notes, “and synergy arises from interactions between its multiple components.”

(www.projectcbd.org)

Basic Cannabinoid Terms

Cannabinoids are chemical compounds which activate the cannabinoid receptors found throughout our bodies. Phytocannabinoids are the natural forms of these chemicals found in highest concentrations within female cannabis flowers - more specifically, within the resin glands on the surface of the flower. There are at least 85 different cannabinoids identified and isolated from various cannabis strains. Each has a unique influence on the body's endocannabinoid system.

Delta 9 Tetrahydrocannabinol (Δ -9-THC): Δ -9-tetrahydrocannabinol (commonly referred to as “ Δ 9-THC,” or simply “THC”) is a neutral cannabinoid, well known for being psychoactive. (Fun Fact: Sugar has psychoactive effects like THC) Of all the scientific discoveries that have been made about THC, probably the single most important was how THC enabled scientists to discover the existence of the endocannabinoid system in vertebrate animals (including humans): a critical part of physiology that, up until then, was unknown. THC has been shown to be effective in the treatment of a variety of ailments and disorders including pain, tumors, nausea , mental health disorders and ADHD.

Basic Cannabinoid Terms

Cannabidiol (CBD): Cannabidiol is “non-psychoactive” (in that it does not produce the euphoria, time dilation, or anxiety normally produced by THC) and has been shown to be extremely valuable in the treatment of seizure disorders such as MS and Epilepsy. Its ideal in treating children, the elderly and patients that prefer to remain clear headed and focused. CBD also lowers blood sugar, and has been used in the treatment of Diabetes. CBD has a calming effect, and is useful in the treatment of stress related disorders and sleep loss.

Cannabidiolic Acid (CBD-A)

Until recently, Cannabidiolic Acid was much more commonly found in higher concentrations in Ruderalis than in Cannabis. In the last few years, strains of Cannabis have been hybridized that produce more CBDA than THCA, including “Cannatonic-C6” and “ACDC.” CBDA has been shown to be both anti-inflammatory and anti-tumor.

Basic Cannabinoid Terms

Tetrahydrocannabinolic Acid (THC-A)

Tetrahydrocannabinolic Acid, like other acid cannabinoids, is not psychoactive. THC-A is strongly anti-inflammatory, encourages appetite, is anti-tumor, combats insomnia, and is antispasmodic. THC-A is the most abundant terpenoid (and Cannabinoid) in the vast majority of Cannabis grown in the U.S.

Cannabigerolic Acid (CBG-A)

Cannabigerolic acid is considered the 'mother' of all cannabinoids, because from it, the plant transforms it into all the other cannabinoids the plant makes. Besides its natural medicinal properties as a cannabinoid acid, it is the direct parent compound of CBG, a rare neuro-regenerative medicinal compound.

Basic Cannabinoid Terms

Δ-8-Tetrahydrocannabinol (Δ-8-THC)

"Delta-8-Tetrahydrocannabinol is an analogue of tetrahydrocannabinol (THC) with antiemetic, anxiolytic, appetite-stimulating, analgesic, and neuroprotective properties. Delta-8-tetrahydrocannabinol (delta-8-THC) binds to the cannabinoid G-protein coupled receptor CB1, which inhibits adenylyl cyclase, increases mitogen-activated protein kinase activities, modulates several potassium channel conductances and inhibits N- and P/Q-type Ca²⁺ channels. This agent exhibits a lower psychotropic potency than delta-9-tetrahydrocannabinol (delta-9-THC)."

- NiH.gov

www.steephill.com

Medical Cannabis vs. Other Drugs

When held up against traditional drugs, medical cannabis becomes a competitive treatment option. Here are just a few of the advantages of marijuana as medication.

Non-Addictive: Many mainstream pain management drugs are slightly to severely addictive, which is a particular concern when children are involved. If the child ever recovers from their illness, overcoming their painkiller addiction can be yet another painful step to the process. Cannabis oil, like other medical marijuana products, is non-addictive, which makes it a safe alternative for many mainstream drugs. (<https://www.drugabuse.gov/about-nida/noras-blog/2015/07/researching-marijuana-therapeutic-purposes-potential-promise-cannabidiol-cbd>)

Medical Cannabis vs. Other Drugs

Few Side Effects: Cannabis oil is made with cannabis extract, a substance that contains concentrated amounts of CBD. This substance is also weak in THC, the compound with hallucinogenic properties. When using CBD oil, children get all the benefits of the substance without the side effects. This is a significant advantage cannabis oil has over many pharmaceutical options, as opiate painkillers and synthetic drugs often have negative side-effects that alter a child's cognitive, motor or organ functions.

It's also impossible to overdose on cannabis, making it much safer than other pain medicines like opioids. While medical cannabis will affect every child differently, the risk for adverse side effects is much less than with other medications.

Medical Cannabis vs. Other Drugs

Manageable Forms

Medical Cannabis comes in many forms, other than the traditional smoking method, making it easier to use for parents and children. Cannabis tincture or oil can be added to drinks or foods to accommodate children who are sensitive to certain tastes and textures.

Affordable Cost

While the exact cost of medical cannabis varies depending on every individual circumstance, it is often much cheaper than traditional medications. Medical Cannabis oil for children usually costs around \$200 a month and edibles can be even more affordable. As compared to the estimated \$45,000 yearly cost of GW Pharmaceuticals new cannabis drug, Epidiolex.

Medical Cannabis vs. Other Drugs

All-Natural

Many of the conventional medicines prescribed to children are synthetic, or derived from man-made chemicals. Alternatively, medical cannabis oil comes directly from the cannabis plant with little to no chemical manipulation. Cannabis interacts with the body's existing endocannabinoid system, providing a sustainable and natural alternative to synthetic medications.

Resource to Review: “Medical Cannabis: Practical Treatment of Pediatric Patients for Epilepsy, Autism, Cancer, and Psychiatric Disorders” by Bonni S. Goldstein, M.D. Medical Director of Canna-Centers (14 page pdf power point)

<http://www.medicinalgenomics.com/wp-content/uploads/2016/05/Bonni-Goldstein-CannMed2016.pdf>

*Mother wants medical marijuana at school | ABQ Journal

<https://www.abqjournal.com/1207712/mother-wants-medical-marijuana-at-school.html>

*Program Participants Should Be Able To Use Medical Cannabis At Schools | CNJ

<http://www.cannabisnewsjournal.co/2018/04/program-participants-should-be-able-to.html>

* Mother wants access to medical cannabis in the classroom | KOB 4

<https://www.kob.com/albuquerque-news/mother-wants-access-to-medical-cannabis-in-the-classroom/4886110/>

* Group pushes to allow medical cannabis in schools | KOB 4

<https://www.kob.com/health-news/safe-access-new-mexico-medical-cannabis-schools-push/4896584/>

Today the New Mexico medical cannabis program has over 65,000 registered participants with 35 licensed (non-profit) producers growing 14,550 medical cannabis plants, as the program passes its 10th year. Currently there is less than $\frac{1}{3}$ of a cannabis plant per each person in the medical cannabis program.

The Medical Cannabis Program (MCP) was created in 2007, as the Lynn and Erin Compassionate Use Act, under chapter 210 Senate Bill 523. *The purpose of this Act is to allow the beneficial use of medical cannabis in a regulated system for alleviating symptoms caused by debilitating medical conditions and their medical treatments.*

The State's Medical Cannabis Program expansion is now "Medically Necessary"; the State needs to allow the Department of Health to open the application process to add more licensed non-profit producers, in conjunction with other measures to ensure safe access to medicine, like allowing children to be treated with their medicine at school.

“Medically Necessary” is defined as “health-care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.” Medical necessity is a United States legal doctrine, related to activities which may be justified as reasonable, necessary, and/or appropriate, based on evidence-based clinical standards of care.

Form follows Function, In the 2019 Legislative 60 day Session, Please : Pass a bill to allow safe access to medical cannabis in schools, pass a bill to Fix & Expand the states Neglected Medical Cannabis Program and enable Veterinary Doctors access to the program, Pass Cannabis Decriminalization, Pass Medical Cannabis Research for UNM and get the Industrial Hemp program going with medical hemp research at NMSU for the states medical cannabis program.

Then start talking about Cannabis Recreational Use Legalization for 2020.

Ensuring **safe** and **legal** access to **cannabis** means:

- International, federal and state laws and regulations recognized cannabis as a legal medicine.
- Medical professionals recommend medical cannabis options as a frontline treatment option or an adjunct therapy.
- Patients and their caregivers have the information they need to make educated choices about medical cannabis therapies.
- Patients and medical professionals can incorporate a diverse group of products and delivery methods to create required personalized treatment regimen.
- Patients can trust labels on products and that medicines are free of pesticides and contaminants.
- Medical cannabis treatments are covered by insurance.