Jeff Jones (right) explaining clones to the Institute of Medicine investigators, Constance Pechura, Janet Joy, Stanley Watson, MD, and John Benson, MD, at the Oakland Cannabis Buyers Club as Tod Mikuriya looks on. When the club received a questionnaire from the IOM prior to the visit in December 1997, a research team led by PhD sociologist Jerry Mandel reviewed members' records and prepared a detailed response. Tod Mikuriya, MD, explained the intake protocol. He also provided the IOM with data showing that vaporizing is a safer delivery system than smoking, and urged them to promote it in their report. The doctors nodded as if this made perfect sense. Their report, published in 1999, did not mention vaporizing.

Organizing Oakland: Jeff Jones

His many friends were glad to see Jeff Jones honored as a "cannabis pioneer" on the NBC "Eve of Legalization" documentary narrated by Peter Coyote. Here's a transcript of the segment:

Jeff Jones: I worked on the city of Oakland, lobbying them, getting them into a position where they supported Prop 215. They were the first city to actually say they endorsed this idea because of the work I was doing. They had already warmed up to it.

Coyote: Jeff Jones grew up in Rapid City, South Dakota.

Jones: I was the average everyday good kid.

Coyote: There was nothing in his childhood that suggested he would become a cannabis pioneer. Then his father got cancer.

Jones He battled it back and forth and then went into heavy chemo and radiation therapy because it was in his lymph nodes and it really spread all over his body. And his passing in 1988 was really devastating to me. I was 13 years old. It had a lasting impact.

Coyote: His grief turned into anger when he saw a news story that said there might have been some relief for his father. Jones didn't know what to do with that anger until he met a group called Cannabis Action Network. He wanted to be an advocate. So he dropped out of college, and moved to the Bay Area in 1994, despite his mother's wishes.

Jones: It forever changed her. She thought that I got indoctrinated in a cult. Because when I moved out here I started doing things that were different than what I was doing in South Dakota. California changed everything.

I got here on a Tuesday and was picked up at a bus stop in Oakland and on that Friday I met Dennis Peron. I met folks who were involved in the industry here that was underground. I was beside myself at how forward-thinking these people were.

Coyote: When Jones arrived, San Francisco had an established underground marijuana infrastructure. That wasn't the case in the East Bay. In 1995 Jones started delivering marijuana to HIV patients in Oakland.

Jones: I had a bike. So we were doing bike deliveries. I happened to live just about four blocks away from this first HIV group. They became numbers six and seven in my agency. We just got repetitively busy every day. It just kept getting busier. We soon got a grower to donate a pound of cannabis to us so we could buy a car.

Coyote: That bike service turned into the Oakland Cannabis Buyers Cooperative. The cooperative was so effective it won the support of the Oakland City Council. That meant Jones could now get a lease on a building where he could run a dispensary. Despite the city's support, dispensing medical marijuana was still a federal crime. And agents were watching.

Jones: Every day when I drove home, I was scared. I never drove home the same way. I had a place that I would normally stay and then I had a place that nobody knew I would stay. I wasn't trying to be aloof. I wasn't going to run.,,. And I didn't want to have them perp walk me in a way that was a negative for the publicity around this issue.

Coyote: In 1998 federal drug agents dropped the hammer and shut down Jones's dispensary.

Jones: The US marshals secured my building. Shut the elevator off to the floor. Padlocked the doors. Screwed wood over the windows so I couldn't break in.

Coyote: Jones got to argue his case in federal court. Eventually he made an offer the court couldn't refuse.

Jones: If I stop dispensing will you let me do all other things? Advocacy. Issuing ID cards. Referring to other places where where you can get it. Helping them find a doctor. Running meetings, doing political events. And Judge Breyer actually signed an amendment to my injunction that said, 'Yeah, you can do everything but sell cannabis.'

Coyote: That deal helped create the Patient ID Center. It became the center of Oakland's medical marijuana community. The first stop for every patient that needed help. Nearly 20 years later Jones is still running the PatientID Center. He is also an educator at Oaksterdam University, America's first cannabis college.

Jones: I remember when I got involved and his people said there wasn't a future in this. It's going to ruin your life. You're going to go to jail. And you are not going to like what happens to you. And I said, no, that's not my future.

Correspondence and Commentary

Dr. Jeffrey Hergenrather shares his replies to some frequently asked questions. Inquirers names withheld.

Adverse effects?

Dear Dr. Hergenrather,

I've read numerous cases of severe acute cardiovascular complications (and severe acute or chronic psychiatric episodes too) in non-medical users, but they are nonexistent and/or never reported for medical users, especially in cancer patients. How can we explain it?

Retro Message: Most of the references to cardiovascular complications that I've read had the confounding variable of tobacco use. The association of cannabis use may have an effect, but causality in cardiovascular events is a far stretch if not controlling for tobacco.

Regarding severe, acute psychiatric conditions, I have seen one instance of acute psychosis in about 40 years of observations and colleague reports. The case I watched was not my patient but a friend of the family who had overdosed on an oral cannabis product. She was psychotic/hospitalized and returned to normal in about a week.

There is really no difference between medical and non-medical uses/users, though medical users may be more likely to try high doses of cannabinoids to treat various conditions.

When patients are prepared by their physician to understand the effects of high-dose cannabis treatments they are probably, generally, more tolerant of the adverse effects, whereas someone using it recreationally may be more likely to experience anxiety and panic.

Vomiting is uncommon with high-dose therapy, but I do see it occasionally. It is usually with high doses, in patients often seriously ill with metastatic diseases, etc. Depression-like symptoms I would attribute more to underlying conditions than to acute adverse effects of cannabinoids. Vertigo, unstable gait, lightheadedness are not so unusual. Rarely is the symptom intolerable.

I always advise patients to titrate up to high doses of oral cannabis oil and to take precautions about these adverse effects. I discourage dabs as a method of administration because of more frequently reported syncope and fall injuries.

Two questions re cannabis oil—

Dear Dr. Hergenrather,

Some patients can't tolerate one drop of RSO without vertigo, vomiting, anxiety or depression-like symptoms. Why? How safe is it, in your view?

Retro Message: RSO —originally Rick Simpson Oil, named after the Canadian who popularized it, is an extract of cannabis made with a solvent that can leave toxic residues. The formulation I prefer, Full Extract Cannabis Oil, is safe though not without adverse effects. I've never seen a cardiovascular event associated with Full Extract Oil, and I think that the anti-ischemic and vasorelaxant properties of cannabinoids are likely to prevail even in patients with severe cardiovascular disease (usually chronic cigarette smokers).

An effectively high dose of cannabis oil is not the easiest thing to achieve and calls for preparation and follow up. It amazes me when a little ol' lady comes to see me already established on a gram of oral cannabis oil daily. Others find 1/20 of a gram intolerable, so it is not for everyone. When patients find the oil intolerable I advise them to administer it via suppositories, which limits first pass metabolism and the "flood" of 11-OH-THC into the bloodstream encountered with orally ingested oils.

Dear Dr. Hergenrather:

Is there a typical effective dosage level when recommending cannabis oil for cancer patients?

Retro Message: A typical high-dose regimen might be 10 mg/kg of body weight as a daily total, taken in divided doses (morning, afternoon, before bedtime).

Full extract cannabis oil, not diluted with any other oils, is commonly packaged in a syringe for easier handling. THC and/or CBD content would be about 50%, and the oil would contain some CBG, THCV, CBDV, CBC, CBN and other cannabinoids in trace amounts.

You won't know what your patient is using without lab testing. The high-THC oils are potent enough to cause psychoactivity with as little as a bb-sized drop. Tolerance to the psychoactivity develops significantly over the first five to seven days of usage.

The most effective ratio of cannabinoids for cancer treatment is in the range from 1:1 THC:CBD up to about a 5:1 THC:CBD. Total dose per day in advanced cancer, I'd venture to say is in the range of 10 mg/kg body weight/day in two or three divided doses. Results will require about six weeks to manifest.

From the Breeder of Harlequin

House of Harlequin, a not-for-profit mutual benefits association, works to provide the best possible cannabis therapies to our members. Over the years, the percentage of patients who inhale cannabis has dropped to almost zero. The few that still smoke, vaporize, or dab are all younger military vets. Every other member uses oils, tinctures, topical creams and suppositories. We see benefit in an incredible range of conditions that mirror the conditions listed by Russo as "endocannabinoid deficiency syndromes."

The real trick is finding the 'sweet spot' that exists when the type of cannabis, the method of ingesting into the body, and the dose allows the patient to enjoy life.

While watching the Medical Board hearing April 20 I realized that I have more practical experience with cannabis as medicine than all the doctors on the board put together. This is heartbreaking. Here in California we have more than 20 years experience in using cannabis as medicine. Why aren't doctors with that experience on the med board?

Whenever I hear talk of cannabis and kids I cannot help but think of cases of pediatric epilepsy where kids are given pharmaceutical anti-seizure drugs that have side effects like rage, depression, social withdrawal and addiction. Kids whose seizures are decreased or controlled with plant medicine can come out of their shells and become active and socially engaged and show their intelligence. This continues to be a miracle to me.

Wade Laughter, Nevada City CA

Commentary and Correspondence *continued*

Debatable Damage

To the Editor:

Although it can be argued that any "drug" should be avoided whenever possible for the young, what do we really understand about what influences the developing brain? I recently watched a PBS NOVA episode on the human microbiome where it seems our diet can influence the microorganisms living in our gut, which in turn can influence our brain, which in turn can be connected to certain illnesses such as autism, depression, Alzheimer's, Parkinson's, etc. Wow!

Recent studies are coming to the conclusion that cannabis is not as dangerous to the young brain as previously thought. In 2014, a widely publicized article by Jodi Gilman concluded that even low to moderate cannabis use could alter brain structure (in particular, the nucleus accumbens and amygdala) in 18-to-25-year olds. Then in 2015, a study by Barbara Weiland was published that effectively debunked the findings of Gilman.

Gilman had not adequately taken into account confounding variables, especially alcohol use. Weiland's conclusions were clear: "when carefully controlling for alcohol use, gender, age, and other variables, there is no association between marijuana use and standard volumetric or shape measurements of subcortical structures."

To add to the weight of evidence on the benign effects of cannabis on the brain, this past April, a meta-analysis by Cobb Scott of 69 studies published between 1973 and 2017, concluded: "Associations between cannabis use and cognitive functioning in cross-sectional studies of adolescents and young adults are small and may be of questionable clinical importance for most individuals. Furthermore, abstinence of longer than 72 hours diminishes cognitive deficits associated with cannabis use. [R]esults indicate that previous studies of cannabis youth may have overstated the magnitude and persistence of cognitive deficits associated with marijuana use." In other words, no long-term deficits in memory, attention, or other aspects of cognitive functioning.

Add to this Nicolas Jackson's two longitudinal studies of twins published in 2016, which concluded that: "…we find little evidence to suggest that adolescent marijuana use has a direct effect on intellectual decline." And the 2016 study by C Mokrysz, which concluded: "… the notion that cannabis use itself is causally related to lower IQ and poorer educational performance was not supported in this large teenage sample."

Benson Hausman, MD

Dr. Hausman blogs on medical cannabis at https://elementalwellnesscenter.com

Retro Message: The importance of the gut microbiome is now widely recognized. But until the 1980s, medical schools taught that no microorganisms could surive in the acidic environment of the stomach! Dr. Barry Marshal, the courageous Australian physician who identified the bacterium Heliobacter *pylori* as a cause of stomach ulcers (after experimenting on himself), was ridiculed for years.

UCSF discriminates against workers who use mj as medicine

Cal NORML received a phone call from a custodial worker who is employed by an independent contractor serving the UC system. He has been using medical cannabis for years and had no problems doing jobs at UC Berkeley. However, he was drug tested for a recent assignment to UC San Francisco. Although he told them that he had an MDs recommendation for marijuana, they refused to let him work because of a positive urine test.

It's inexcusable that the UC system's premier medical school should be using urine tests to discriminate against workers. There exists no basis in medical science for urine tests being a reliable or useful measure of job fitness, especially with regard to medical cannabis use.

A bill to ban employment discrimination against medical cannabis use was proposed this year by Asm. Rob Bonta, co-sponsored by Cal NORML, UFCW and SEIU. The bill has stalled in the Assembly, but we plan to come back with it next year.

Dale Gieringer, California NORML

Retro Message from Fred Gardner: A member of the California Medical Board asked at a recent meeting why UCSF Medical Center physicians, employees of the state, could not issue cannabis approvals to patients. The explanation was: fear that federal funding would be cut off.

But realistically, no funding would be cut off without a warning. So UC could at least make the gesture of honoring California law and then retreat if and when ordered to. The UC administrators use the federal threat as an excuse to accept prohibition. They should be asserting the validity of Caifornia law, defending our liberated territory.

Why do UC hospitals not employ their own housekeeping staff? Shouldn't keeping the place clean be a hospital's top priority?

A single-issue approach to politics can blind us to an equally important aspect of the situation described by Gieringer: Why do UC hospitals not employ their own housekeeping staff? Shouldn't keeping the place clean be a hospital's top priority? UCSF was cutting back on orderlies and janitors throughout the 13 years I worked there —while the useless administrators kept raising their salaries and hiring more assistants.

For most of its history the University of California got along fine with a small President's office on the UC Berkeley campus. Today the President's office is in a huge building overlooking Lake Merritt in Oakland and has nearly 1700 employees.

UC President Janet Napolitano

According to the Sacramento Bee, a 2017 audit found that UC President Janet Napolitano's office had "systematically overcharged UC campuses to fund its central administrative functions and had amassed $175 million in undisclosed reserves, even as it raised tuition;

"State auditor Elaine Howle also slammed the university for inhibiting her efforts to determine whether the Office of the President's expansive duties and nearly 1,700 employees could be slimmed down. A survey for UC's ten campuses, to assess what administrative functions they found valuable, was abandoned after Howle discovered that Napolitano's office ordered significant revisions to critical responses."

Napolitano, caught dead to rights, apologized to the regents, who graciously accepted her apology. Napolitano's base pay, BTW, is $570,000.

Protesting the Tax on Medical Cannabis

To: Fiona Ma, chairwoman of the Board of Equalization
cc: Lori Ajax, Chief of the Bureau of Medical Cannabis Regulation

I would like to address the Board's policy and taxation protocol for medical marijuana patients. I have a significant objection to this policy because it penalizes medical cannabis patients, who must pay an annual fee of $100 to the Health Department or pay an 8-9% sales tax on their medication. Patients with a doctor's recommendation do not qualify for a sales tax break. They have to pay $100 to enroll in the "voluntary" ID card program.

The sales tax is on top of a 15 percent excise tax. Are any other medicines subject to a 15% state excise tax?

Even worse: the sales tax is on top of a 15 percent excise tax. Are any other medicines subject to a 15% state excise tax?

California's medical cannabis taxation policy is punitive.

I have practiced medicine here in the Central Valley for 22+ years and for the past 10 years I have provided patients with cannabis recommendations when their medical condition warranted it. Most of my patients in the Central Valley are existing at either below or just above the poverty line and for that reason many have no health insurance or a plan with a low premium, i.e., high deductible ($5k). I also have patients with multiple sclerosis and rheumatoid arthritis who are on expensive medications and want to supplement with medicinal cannabis, especially for pain and inflammation. Their medical expenses are already outrageous and the State of California should rethink their policy that penalizes legitimate medical marijuana patients.

At my office, I do a complete history and physical and charge $75. Many patients have to save up for an appointment. Now the State is planning on charging an additional fee for doing nothing in terms of examining the patients. The State's MMID program was initiated so that law enforcement could better identify legal cannabis patients. However, there is already a 24/7 verification system that has been in place for years.

What solutions are available?

Universal State of California Recommendation. I have enclosed the recommendation that I provide to patients. Something like this could be instituted throughout the state for legitimate physicians (not Pot Docs). A substantial consideration is the fact that I get numerous patients from referring physicians and from patients who have significant diseases such as Parkinson's disease, epilepsy, Alzheimer's, multiple sclerosis, cancer, rheumatoid arthritis, complex regional pain syndrome, etc., and most of these patients have no idea as to how to use medicinal cannabis. I walk them through the whole process, educating them as to which product would benefit their health problems. They want to get started immediately, and to going to the Department of Public Health is another step in the process.

Allow doctors to provide State cards.

This would provide separation between Pot Docs and legitimate doctors who provide recommendations. The State could provide equipment to the doctors for producing a card and there could be a more reasonable fee of $10 to $20.

Utilize the California Medical Board for better surveillance.

Another solution would be for doctors who provide medicinal cannabis recommendations to sign up with the California Medical Board. This would provide better surveillance between doctors who are doing cannabis recommendations legitimately/legally versus those doctors who are doing illegitimate recommendations. I would even consider paying the California Medical Board $250-$500 a year to participate as a medicinal cannabis physician.

I would think that the State of California would want to protect their citizens when there is an opportunity to make something safer. Please consider my recommendations, and I look forward to hearing from those associated with the medicinal cannabis arm of the Board of Equalization. It is time to clean up the act with physicians who are doing recommendations that do not conform to the California Medical Board.

Daniel B. Brubaker, D.O., Fresno CA

The Mistake

With the mistake your life goes in reverse.
Now you can see exactly what you did
Wrong yesterday and wrong the day before
And each mistake leads back to something worse

And every nuance of your hypocrisy
Towards yourself, and every excuse
Stands solidly on the perspective lines
And there is perfect visibility.

What an enlightenment. The colonnade
Rolls past on either side. You needn't move.
The statues of your errors brush your sleeve.
You watch the tale turn back —and you're dismayed.

And this dismay at this, this big mistake
Is made worse by the sight of all those who
Knew all along where these mistakes would lead —
Those frozen friends who watched the crisis break.

Why didn't they say? Oh, but they did indeed —
Said with a murmur when the time was wrong
Or by a mild refusal to assent
Or told you plainly but you would not heed.

Yes, you can hear them now. It hurts. It's worse
Than any sneer from any enemy.
Take this dismay. Lay claim to this mistake.
Look straight along the lines of this reverse.

—James Fenton